

## Mishaps

### Overview

#### Introduction

Complete and immediate reporting of all mishaps is of vital importance to the overall Program. All DLA personnel need to fully understand their responsibilities concerning reporting mishaps. This unit discusses investigating and reporting mishaps.

#### Importance

Not reporting a mishap in a complete and timely manner can result in

- a hazard going unabated, possibly causing additional mishaps
- a more serious hazard developing, and/or
- employees losing some or all of their rights to workers' compensation.

It is the supervisor's responsibility to make sure that employees understand the mishap reporting requirements.

#### Learning objectives

Given a mishap scenario, you will be able to

- identify possible causal factors
- determine corrective actions, etc., and
- describe reporting procedures.

#### Mishap scenario application

Principles covered in the unit will be applied to the incident described below.

##### The Incident

A DLA employee fell down a stairway and sustained a twisted ankle.



*Facts are stubborn things and whatever may be our wishes our inclinations, or the dictates of our passions, they cannot alter the state of facts and evidence.*

John Adams December 1770

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## What is a DLA Mishap?

### Mishaps defined

A DLA mishap is any unplanned event, or series of events, that results in

- damage to DLA property
- occupational illness to DLA personnel
- injury to DLA personnel, and/or
- damage to public/private property, or injury to non-DLA personnel, as a result of DLA operations.

### Supervisor responsibility

When a mishap occurs the supervisor will

- investigate
- identify causal factors
- determine and implement corrective actions, and
- report the mishap.

### Mishap scenario application

Is this incident considered a DLA Mishap?

A DLA employee fell down a stairway and sustained a twisted ankle.



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## Investigations

### Introduction

Mishap investigation is important and necessary if future mishaps of a similar nature are to be prevented. It is not an attempt to arrive at a finding of guilt or innocence. Mishap investigation seeks to determine the causes of mishaps by determining the elements and sources from which the mishaps develop. Corrective measures may then be determined by analyzing the causal factors, making recommendations for their elimination, and instituting corrective measures.

### Mishap causes

Analysis of the facts obtained during an investigation normally reveals three cause levels. These cause levels should be considered when conducting an investigation. They include the following:

- Direct—when a person or object receives an amount of energy that cannot be absorbed safely.
- Indirect—unsafe acts or unsafe conditions, or both.
- Basic—poor management policies and decisions, personal or environmental factors.

### Examples of causes

A direct cause is usually the result of indirect causes. In turn, indirect causes are usually traceable to basic causes. The table below contains examples of causes.

Cause	Example
Direct	A truck received minor damage when the driver lost control and it ran into a forklift being operated by an employee.
Indirect	The accident occurred when the truck driver reached down to get his sunglasses on the truck floor and his foot slipped off the clutch which allowed his truck to roll into the forklift.
Basic	Glare from sunlight bothered the driver.

### Common defect areas

Mishaps can be traced to combinations of errors, material failures and malfunctions, and environmental conditions. There are five common defect areas. Singly or in combination they all contribute to the mishap cause. The five defects include the following:

- Worker-behavior failure: Standards are known but are not followed.
- Support failure: Equipment/material is improperly designed or not provided.
- Supervisory failure: Standards are not explained, supported, or enforced.
- Training failure: Standards exist, but are unknown (insufficient, incorrect, or no training).
- Standards failure: Standards/procedures are not clear, not practical or do not exist.

## Investigations, Continued

### Mishap scenario application

**What are possible causes for this incident? Should causal assumptions be made at this point?**

**What types of information should be gathered from an investigation?**

A DLA employee fell down a stairway and sustained a twisted ankle.



## Conducting the Investigation

### Investigation procedure

The actual procedures used in a particular investigation depend on the nature and results of the mishap. A team of trained personnel, such as law enforcement officials, local safety office, and possibly the command safety office, will usually investigate more serious mishaps. In general, follow the steps below when you perform an investigation:

Step	Action
1.	Inspect the mishap site.
2.	Secure the area.
3.	Document conditions, equipment involved, first hand reports from witness, victims.
4.	Take photographs, if necessary.
5.	Interview victim and witness.
6.	Gather other evidence and information (see fact-finding below).
7.	Determine the most likely sequence of events, probable causes, and corrective actions.
8.	Supervisor files mishap report.

### Teleworking investigations

Investigation procedures will differ in a telework environment. Again, circumstances and local policy may dictate specific procedures, but as a general rule follow the steps below for teleworking mishaps.

Step	Action
1.	Make an appointment with the employee to visit the home. Do this as soon as practical following notification of the accident.
2.	Review the Telework Safety Checklist. Note the designated work area. See appendix B.
3.	Review the telework supervisory-employee checklist, especially item 7. In order to be approved for telework, the employee had certified that the requirements were met for a safe workspace. What changed? What corrections will have to be made to make it safe?
4.	Visit the home and conduct the accident investigation in the designated official work area ONLY. The supervisor may invite the Safety Office to accompany them to the home and assist in conducting the investigation with the supervisor.
5.	Gather evidence and/or information (see fact-finding below).
6.	Determine the most likely sequence of events, probable causes, and corrective actions.
7.	Supervisor files mishap report, DLA Form 1591.
8.	Item 7 in the telework supervisory-employee checklist must be re-certified (re-signed) and dated. Attach the re-dated and re-signed checklist to the DLA 1591 as evidence that corrective action was completed

Telework is a SHIRS Special Emphasis program from August 2002–August 2003. When entering a mishap in SHIRS use the Special Emphasis keys and select the appropriate telework accident location.

## **Conducting the Investigation, Continued**

### **Fact-finding**

Gather evidence from many sources during an investigation. Get information from witnesses as well as by observation. Interview witnesses as soon as possible after an accident. Inspect the accident site before any changes occur. Take photographs of the accident scene. Appendix B, Checklists provides a thorough list of questions to answer that will detail possible causal factors in the mishap.

### **Interviewing witnesses or victims**

Use these guidelines for interviewing witnesses or victims.

- Interview witnesses promptly and individually. Witnesses should be interviewed as soon as possible after the accident while memories are fresh and still unaffected by other people's opinions. Also, for that reason, witnesses should be interviewed separately.
- Reassure witnesses of the investigation's purpose. Supervisors should explain that ascertaining the facts is important in preventing future accidents. They should emphasize the important service the witness is providing by giving honest responses. If municipal policy permits, they should reassure witnesses that their testimony would not result in disciplinary action against the injured employee. Take a statement. Ask witness to sign statement. Prior to the signing, add "to the best of my knowledge the above is true." to their statement.
- Obtain the witnesses' version with minimal interruption. Witnesses should be interviewed at the scene of the accident whenever possible. Supervisors should ask witnesses to recount the accident or incident in their own words, and not interrupt them unless there is a question of clarity.
- Direct specific questions to clarify or amplify the witness's account. Supervisors should avoid leading questions. They should maintain a friendly attitude so that witnesses will not feel that extended questioning is an attempt to discredit their statements.
- Clarify any questionable areas so that the witness's account and the supervisor's understanding of it are in agreement.

### **Corrective action(s)**

Corrective actions are designed to eliminate the causal factor and prevent the recurrence of the mishap. When the corrective action is applicable to a number of DLA-wide workplaces, the SOHO should distribute the information.

## Conducting the Investigation, Continued

### Mishap scenario application

Further details are provided below.

**After a review of these facts can you determine the causal factors in this incident?**

**Is any further investigation warranted?**

A DLA employee fell down a stairway and sustained a twisted ankle.



1. The employee was taken to the emergency room and could not be immediately interviewed.
2. A witness stated that the employee was in a hurry and fell from the top of the stairs when their feet came out from underneath them. Almost as if they slipped on something.
3. There was a soda can tipped over. There was evidence of spillage.

## Mishap Reports

### Mishap information

The information contained in mishap reports is used for mishap prevention purposes only. Mishap reports are not intended to determine guilt or innocence, nor to obtain evidence to determine the misconduct or line-of-duty status of personnel to determine liability.

### Safeguarding mishap information

Mishap information is available, in accordance with the provisions of DoDD 5400.7, DoD Freedom of Information Act program, and DoDD 5400.11, Personal Privacy and Rights of Individuals Regarding their Personal Records, with some exceptions. When there is any doubt as to the legality of release of information, the matter will be referred to the Office of Counsel.

# Supervisory Mishap Report Form

## DLA Form 1591, Supervisory Mishap Report

DLA Form 1591, Supervisory Mishap Report, is used to report mishaps in cases when SHIRS is not available. (See the sample below.)

**SUPERVISOR MUST COMPLETE THIS FORM AND SEND IT TO THE SAFETY AND HEALTH OFFICE AFTER THE SIGNATURES ON THE REVERSE SIDE.**

<b>SUPERVISORY MISHAP REPORT</b>				<i>NOTE: Read the Privacy Act Statement on reverse before completing this form.</i>				1. MISHAP ID NO. (S&H Use Only)			
2. MISHAP DATE (DD-MM-YYYY)				3. MISHAP TIME (Use Military Clock)				4. MISHAP ORGANIZATION (Organization reporting this mishap)			
5. MISHAP LOCATION (Examples on reverse)											
a. Primary:						b. Secondary:					
6. MISHAP DESCRIPTION (Describe in detail what happened that caused the injury or illness and identify the source(s) of the injury, illness, property damage, and/or vehicle damage and identify the source(s) of the same (i.e., fell down ice covered steps; malfunction of the air conditioning unit led to extreme temperature in office; hit employee with lumber carried by forklift)). Use blank sheets of paper if more room is needed.											
7. IF CONTRACTOR CAUSED MISHAP, PROVIDE CONTRACTOR'S COMPANY NAME:											
8. MOTOR VEHICLE INFORMATION								9. ADDITIONAL VEHICLE INFORMATION			
a. Year	b. Make	c. Type (Car, motorcycle, etc.)	d. Licence Number/State		a. Year	b. Make	c. Type (Car, motorcycle, etc.)	d. Licence Number/State			
e. VIN				f. Estimated Cost of Vehicle Damage		e. VIN				f. Estimated Cost of Vehicle Damage	
10. VALID EQUIPMENT LICENSE/PERMIT <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO				11. SEAT BELT(S) IN USE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO				12. EQUIPMENT ID NO. (Any identifier such as model or serial number)			
13. DESCRIPTION OF PROPERTY DAMAGED (i.e., 10,000 lbs. forklift, perimeter fence)											
14. EQUIPMENT/PROPERTY/MOTOR VEHICLE DAMAGE DESCRIPTION (i.e., dented left front fender, bent stop sign, broken CRT)											
15. PROVIDE INFORMATION BELOW ABOUT EACH PERSON INVOLVED IN THE MISHAP AND/OR DAMAGE INCIDENT (PLEASE PRINT)											
a. FIRST INDIVIDUAL - NAME				Employee Organization				Type (X one) <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Military			
If Civilian Employee		SSN:		CA 1 or CA 2 Filed		YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date (DD-MM-YYYY):			
If Military		Title		On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/>		If Foreign National		Direct Hire <input type="checkbox"/> Indirect Hire <input type="checkbox"/>			
Did inj/ill occur during Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date Stopped Work or First Became Aware of Illness							
Injury Case Classification (Check appropriate classification)											
<input type="checkbox"/> Same Day Clinic visit or no treatment				<input type="checkbox"/> Medical Expenses Only				<input type="checkbox"/> Two or more clinic visits on non-duty time			
<input type="checkbox"/> Clinic Visit(s) at Work After Injury/illness date				<input type="checkbox"/> Lost Time (enter number of days) _____				<input type="checkbox"/> Fatality			
Description of Injury or Illness*											
b. ADDITIONAL INDIVIDUAL - NAME				Employee Organization				Type (X one) <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Military			
If Civilian Employee		SSN:		CA 1 or CA 2 Filed		YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date (DD-MM-YYYY):			
If Military		Title		On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/>		If Foreign National		Direct Hire <input type="checkbox"/> Indirect Hire <input type="checkbox"/>			
Did inj/ill occur during Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date Stopped Work or First Became Aware of Illness							
Injury Case Classification (Check appropriate classification)											
<input type="checkbox"/> Same Day Clinic visit or no treatment				<input type="checkbox"/> Medical Expenses Only				<input type="checkbox"/> Two or more clinic visits on non-duty time			
<input type="checkbox"/> Clinic Visit(s) at Work After Injury/illness date				<input type="checkbox"/> Lost Time (enter number of days) _____				<input type="checkbox"/> Fatality			
Description of Injury or Illness*											
<p>*Description Illness/Injury: Identify the physical characteristics of the injury or illness and the parts of the body affected (i.e., sprained left wrist, cut index finger; fractured right arm; carpal tunnel syndrome affecting left wrist; use "multiple symptoms", to describe symptoms such as abdominal pain, dizziness and headache, all of equal severity). For more than one body part, list each body part affected or use "multiple body parts". Attach any additional information such as medical statements, pictures, other accident reports, etc., that pertain to this mishap.</p>											



## Supervisory Mishap Report Form, Continued

## DLA Form 1591, Supervisory Mishap Report, Continued

INSTRUCTIONS FOR PAGE 1, BLOCK 5, MISHAP LOCATION: Provide the primary and secondary location of the accident site. Example 1 - At a depot, the primary location is the building and the secondary location is the area where the accident happened. Example 2 - For a car accident, name the street and closest cross street or other landmark to where the accident happened.

#### PRIVACY ACT STATEMENT

1. AUTHORITY: PL 91-596, The Occupational Safety and Health Act of 1970 (OSHA), required each agency to "keep adequate records of all occupational accidents and illnesses for proper evaluation and necessary corrective action."
2. PRINCIPAL PURPOSE OR PURPOSES: Information is recorded and analyzed to identify the cause of the accident. Information may be combined with other accident data to determine agency-wide trends or cause factors. Non-personal data is collected to form the basis for statistical reporting to higher headquarters.
3. ROUTINE USES: The agency supervisors and managers use the information to determine actions required to correct the cause of the accident. The Safety and Health Managers use the information to insure actions proposed by supervisors and managers are adequate to prevent future accidents, to identify accident repeaters and safety award recipients, to provide verification that an accident occurred to personnel involved in processing workmen's compensation cases, to extract non-personal data to prepare statistical reports, accident summaries, and accident prevention information for inclusion in agency internal publications.
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary, however, the accident prevention effort will be seriously impaired if the information is withheld. There is no penalty for withholding information.

#### 16. SUPERVISOR'S INFORMATION

a. NAME	b. ORGANIZATION	c. PHONE NUMBER (Cmcl and DSN)
d. SIGNATURE	e. DATE (DD-MM-YYYY)	
f. COMMENTS/ACTION TAKEN TO PREVENT RECURRENCE		

#### 17. REVIEWER'S INFORMATION

a. NAME	b. ORGANIZATION	c. PHONE NUMBER (Cmcl and DSN)
d. SIGNATURE	e. DATE (DD-MM-YYYY)	
f. COMMENTS/ACTION TAKEN TO PREVENT RECURRENCE		

#### 18. SAFETY AND HEALTH OFFICIAL/MONITOR'S INFORMATION

a. NAME	b. ORGANIZATION	c. PHONE NUMBER (Cmcl and DSN)
d. SIGNATURE	e. DATE (DD-MM-YYYY)	
f. COMMENTS (Include SHIRS input date)		

#### 19. COMMANDER'S INFORMATION

PLFA

SFLA

a. NAME	b. ORGANIZATION	c. PHONE NUMBER (Cmcl and DSN)
d. SIGNATURE	e. DATE (DD-MM-YYYY)	
f. COMMENTS		

DLA FORM 1591, MAY 2000 (BACK) (EG)

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**Supervisory Mishap Report Form, Continued**

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**Completing the Accident Mishap Form (DLA Form 1591)**

DLA Form 1591 must be completed in full. Details for completion of specific lines are listed below.

**Line 2.** Type in the day, month, and year the mishap took place.

**Line 3.** Place military time in this space.

**Line 5, Mishap Location.** Type in the exact location of the mishap. Northwest side of warehouse 44, Bay 7. Use primary and secondary locations if necessary. Draw a picture or diagram if necessary.

**Line 6, Mishap Description.** Be specific and fully describe all circumstances. Do not just say, "Tripped over forklift wheels." Where was the forklift parked? What direction was the employee walking in? What was the employee doing prior to tripping over the forklift? Any witnesses? What did the witnesses see? Was the lighting sufficient? What time of day? Was the sun in his eyes? Was the forklift moving or stopped? Was there a driver in the forklift? What type of surface was the employee walking on? Was the employee handicapped? Was the employee wearing his/her glasses?

There has to be causal factors to every accident. It is up to the investigator to determine all the factors surrounding the incident and have them corrected. This is the only way a future incident can be prevented. Keep investigating until you *get to the root cause*.

**Line 8, Motor Vehicle Information.** Write in all appropriate information. Year of the vehicle, make type, license number, VIN, permits, seat belts. Complete line 9, if two vehicles were involved.

**Lines 9 to 12, Additional Vehicle Information.** Use these spaces if there were two vehicles involved in the mishap.

**Line 13, Description of Property Damage.** Describe all damage in detail. Attach pictures, if available. Write down the vehicle number, the type of vehicle, etc. Write down the location of property damage, and the extent.

**Line 14, Equipment/Property/Motor Vehicle Damage Description.** Be specific, describe the damage in detail. This will give the reviewer an idea of the total estimate.

**Line 15, Provide information below about each person involved in the mishap and/or damage incident.** Print the information clearly. Check the boxes indicating whether the person involved is military or civilian, etc. This section is extremely important, so be sure all boxes are completed. Be specific as to the injured area of the body affected. If a person received a cut on the hand, write the location, which hand, etc.

**Supervisory Mishap Report Form, Continued****Completing the Accident Mishap Form (DLA Form 1591), continued**

**Line 16, Supervisor's Information.** Print legibly; there is plenty of space. The supervisor should clearly write his or her phone number and e-mail address. The corrective actions should include all causal factors and describe how the organization has eliminated the mishap from occurring again. "Painted aisle markers," "Placed a work order to fill in the holes," "called equipment people to put a guard on the machine," "contacted GSA." This space is for corrective actions.

**Line 17, Reviewer's Information.** The next person in the chain of command will review the mishap for completeness and comment. He or she would review for completeness to ensure that all causal factors have been properly eliminated.

**Record retention**

All mishap records and reports shall be retained at a reasonably accessible location for at least 5 years after the end of the fiscal year to which they relate.

## **Reporting Procedures**

### **Introduction**

Commanders of field activities have the responsibility to establish procedures for acquiring, processing, analyzing, and forwarding the required mishap reports, when necessary.

### **General reporting procedures**

Each activity will have its own procedures for reporting mishaps. Rules that apply for all mishaps include:

- Employees should report all mishaps, including those during telework, immediately to their supervisor.
- Supervisors will ensure employees are trained on reporting procedures.
- Supervisors will report mishaps via SHIRS; if not available, use of DLA Form 1591 is authorized.
- Mishap information must be in SHIRS within 6 working days.
- Reports will follow the chain of command. Reviewer will be the supervisor's division or branch chief.

### **Special reporting of serious mishaps**

In addition to the recording of all mishaps in SHIRS, DLA activities will immediately report serious mishaps to the HQ DLA SOHO. Activities may report by telephone so that the HQ DLA SOHO is able to report the accident to the Assistant Deputy Under Secretary of Defense (Force Protection) (ADUSD(FP)) within 48 hours. These are some serious mishaps:

- Fatalities
- Injury/illness resulting in permanent total disability
- Any mishap resulting in inpatient hospitalization of three or more personnel
- Accident damages of \$1,000,000 or more
- DoD aircraft destroyed

### **Reporting telework mishaps**

Any mishap or injury occurring at the alternate duty station (designated home worksite) must be brought to the immediate attention of the supervisor. Because an employment related mishap sustained by a telework employee will occur outside of the premises of the official duty station, the supervisor must investigate all reports as soon as practical following notification.

## **Summary**

### **In this module**

We have discussed the importance of mishap investigation and reporting. Identifying the causal factors by thorough investigations will lead to implementing appropriate corrective actions. These corrective actions will reduce the number of repeat mishaps and abatement of hazards.

### **Learning objectives**

At this point you should be able to complete our unit objective.

Given a mishap scenario, you will be able to

- identify possible causal factors
- determine corrective actions, etc. and
- describe reporting procedures.